



Express Mail Label No.: EV312712721US

Date of Deposit: December 11, 2003

Attorney Docket No.: 25669-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR  
APPLICATION IDENTIFIER:

FOR: EXPRESSED GENES THAT DEFINE THE OSTEOCLAST PHENOTYPE

16834 U.S.PTO  
10/734692  
121103

MAIL STOP PATENT APPLICATION  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2.  Specification and Drawings (Total pages: 99);  
Specification (75 pages); Claims (3 pages); Abstract (1 page); and  
Drawings: 20 sheets (Figures 1A – 15H)  
 Formal  
 Informal
3.  Declaration and Power of Attorney (3 pages)  
 Unsigned  
 Signed
4. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770
Total Claims (37 C.F.R. 1.16(c))	24	- 20 =	4	\$18.00	\$ 72
Independent Claims (37 C.F.R. 1.16(b))	12	- 3 =	9	\$86.00	\$ 774
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$290.00	\$ 0
				SUBTOTAL:	\$1616
				Reduction by 50% for filing by small entity:	- \$808
				<b>TOTAL FEE:</b>	<b>\$808</b>

5.  A check in the amount of **\$808** is enclosed.

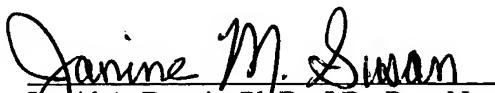
**FIRST-NAMED INVENTOR OR** Philip Stashenko, et al.  
**APPLICATION IDENTIFIER:**  
**Request for New Nonprovisional Application (37 C.F.R. §1.53(b))**

6.  The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 25669-003:

Fees required under 37 C.F.R. §1.16;  
 Fees required under 37 C.F.R. §1.17;  
 Fees required under 37 C.F.R. §1.18.

7.  Return Receipt Postcard Enclosed.

Respectfully submitted,



Dated: December 11, 2003

Ingrid A. Beattie, Ph.D., J.D., Reg. No. 42,306

Janine M. Susan, Ph.D., Reg. No. 46,119

Attorneys for Applicants

MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY and POPEO, P.C.

One Financial Center

Boston, Massachusetts 02111

Tel: (617) 542-6000

Fax: (617) 542-2241

**Customer No. 30623**

TRA 1860978v1